

ACC Phase III: Proposed Concepts

Public Session

September 6, 2023

Presented by:

Colorado Health Institute

Colorado Department of Health Care Policy & Financing



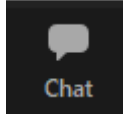
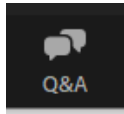
Welcome, thank you for joining us!

- *La interpretación en español comenzará en breve, gracias por su paciencia.*
- **This meeting is being recorded.** Please keep your sound muted, unless you are speaking.
- Slides and a recording of the presentation and discussion will be available on HCPF's website.
- *ASL interpretation and live captioning is available.*
- **Health First Colorado members:** We will share a link in the chat to receive compensation for your time today.

Today's Agenda

- 12:00 - 12:25pm** Welcome and Background
- 12:25 - 12:45pm** Deep Dive #1: Member Experience and Health Equity
- 12:45 – 1:05pm** Deep Dive #2: Care Coordination
- 1:05 – 1:25pm** General Q&A
- 1:25 – 1:30pm** Wrap-Up

Questions or comments?

-  Use the chat for comments.
-  Use the Q&A feature for questions.
- Please hold verbal questions until the discussion portion of our meeting today.
 - Use the "raise hand" feature under Reactions to indicate a question.

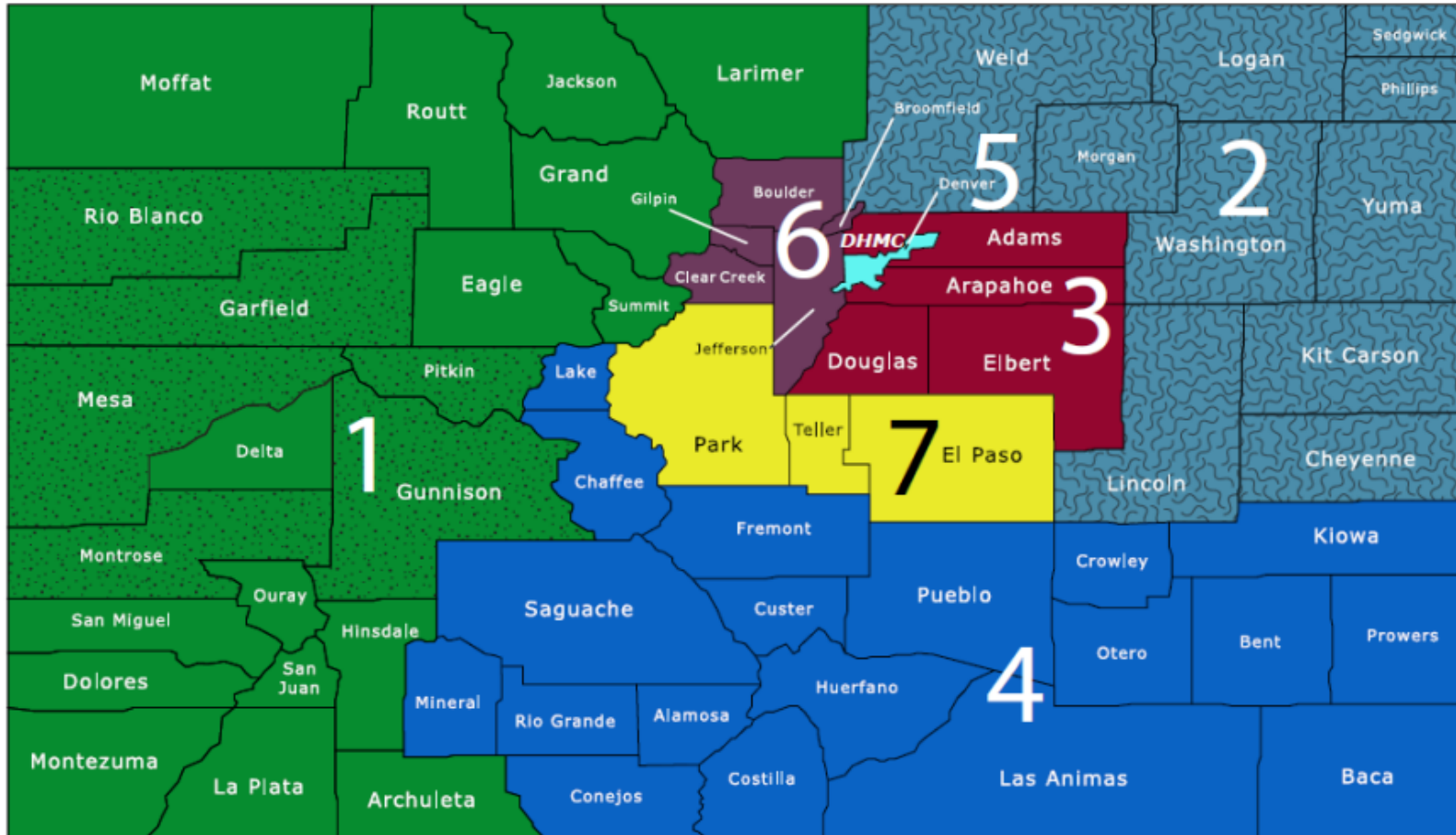
Background

Accountable Care Collaborative (ACC)

- Delivers cost-effective, quality health care services to Colorado Medicaid members to improve the health of Coloradans.
- Coordinates regional physical and behavioral health care services to ensure member access to appropriate care.

Regional Accountable Entities (RAEs)

Accountable Care Collaborative



- Region 1 - Rocky Mountain Health Plans
- Rocky Mountain Health Prime
- Region 2 - Northeast Health Partners
- Region 3 - Colorado Access
- Region 4 - Health Colorado, Inc.
- Region 5 - Colorado Access
Denver Health Medicaid Choice (DHMC)
- Region 6 - Colorado Community Health Alliance
- Region 7 - Colorado Community Health Alliance

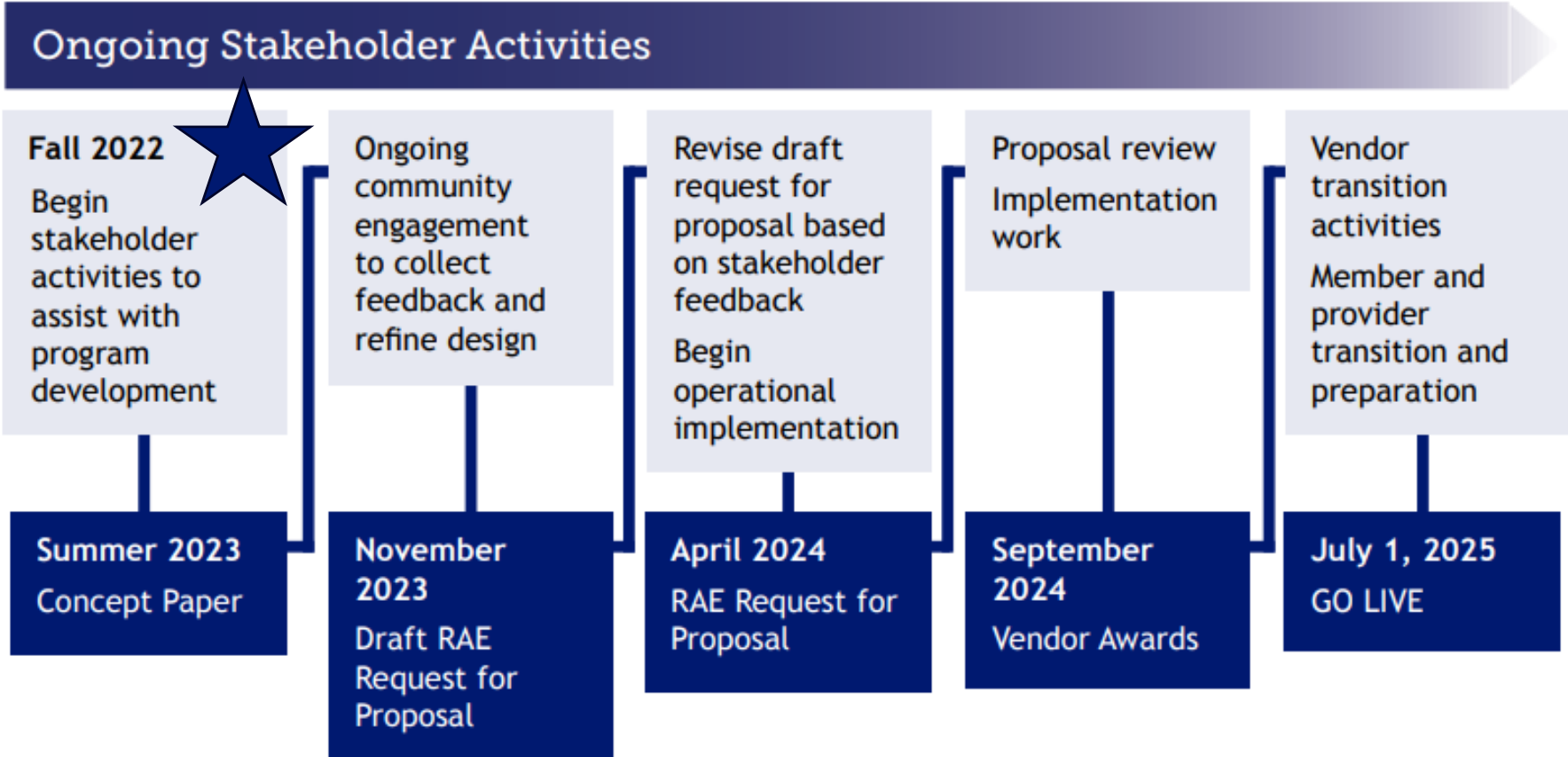
Role of the RAE

- Build a network of care providers
 - Contract with Primary Care Medical Providers (PCMPs)
 - Contract with behavioral health providers and administer the capitated behavioral health benefit
- Provide care coordination, care programs, and case management
 - Some RAEs do this themselves, while others contract this out
- Assist with practice transformation (e.g., support PCMP offices integrating behavioral health services into their clinics)
- Respond to local community needs to best support Medicaid members

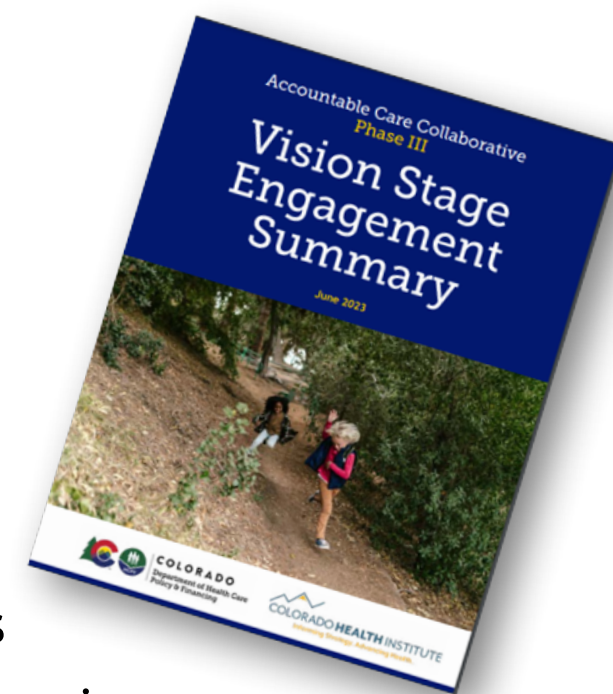
Goals for ACC Phase III

1. Improve quality care for members.
2. Close health disparities and promote health equity for members.
3. Improve care access for members.
4. Improve the member and provider experience.
5. Manage costs to protect member coverage, benefits, and provider reimbursements.

Ongoing Stakeholder Engagement Timeline



What we've heard:



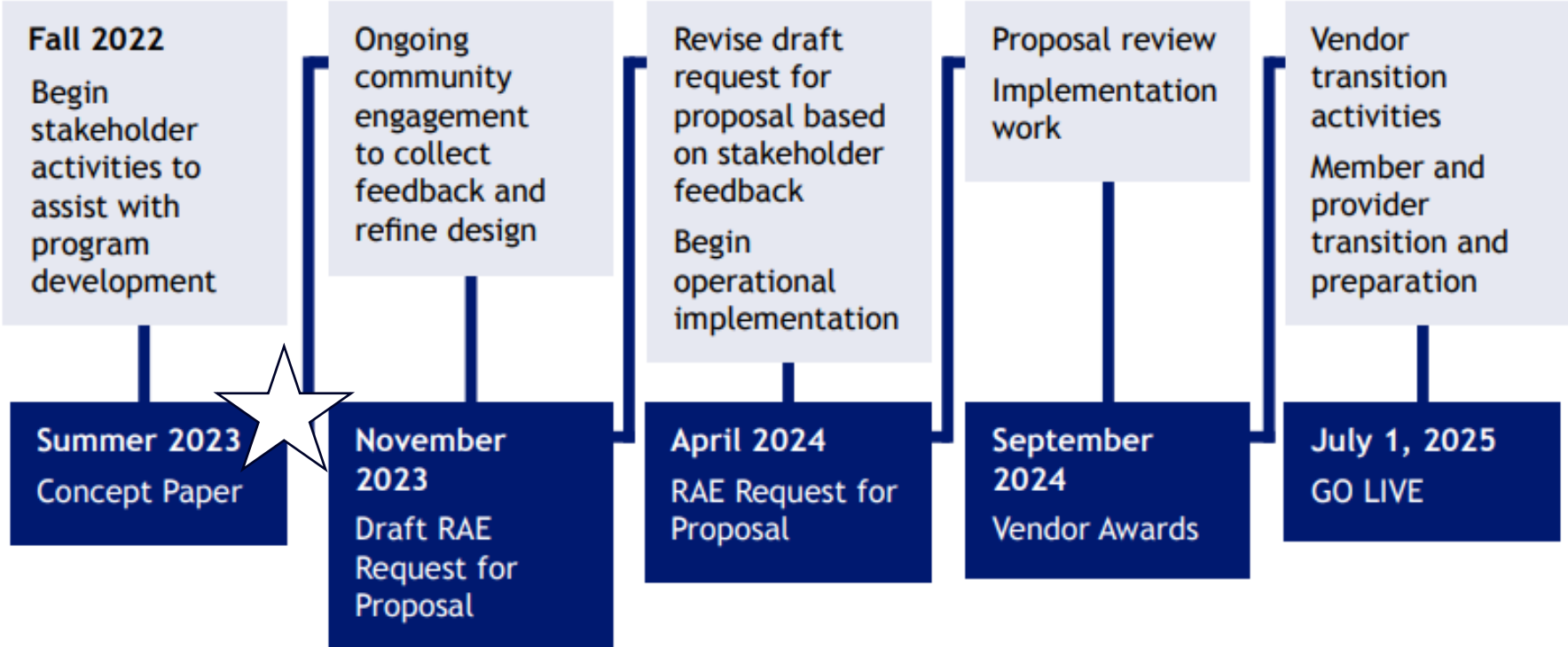
What's working well:

- Majority of members are getting the care they need
- Providers engaged with RAEs appreciate resources and support
- Regional model acknowledges that different parts of Colorado have different needs
- Care coordination for those who are actively engaged
- Existing member engagement councils

What needs improvement:

- Process and administrative barriers
- Inconsistency across 7 regions
- Alignment with other entities in midst of statewide changes
- Care capacity and access
 - Services for children and youth

Ongoing Stakeholder Activities



Phase III Proposals

Goals for ACC Phase III

1. Improve quality care for members.
2. Close health disparities and promote health equity for members.
3. Improve care access for members.
4. Improve the member and provider experience.
5. Manage costs to protect member coverage, benefits, and provider reimbursements.

1. Improve quality care for members.

- Aligned strategic objectives
- Standardize incentive payment measures
- Standardized children's benefit
- Children and youth intensive care coordination
- Behavioral Health Transformation

2. Close health disparities and promote health equity for members.

- Implement existing regional health equity plans
- Use equity-focused metrics
- **Equity requirements for RAEs**
- **Explore expansion of permanent supportive housing services**
- **Explore providing food related assistance and pre-release services for incarcerated individuals**
- **Leverage social health information exchange tools**

3. Improve care access for members.

- Clarify care coordination roles and responsibilities
 - Create tiered model for care coordination
- Strengthen requirements for RAEs to partner with community-based organizations (CBOs)
- Explore innovations to current behavioral health funding system to fill gaps in care (Behavioral Health Transformation)

Reference: [Senate Bill 23-174](#)

4. Improve the member and provider experience.

- Enhance Member Attribution process to increase accuracy and timeliness
- **Increase the visibility of and clarify role of the RAE**
- Reduce administrative burden on providers through behavioral health transformation efforts
- Reduce total number of regions

Reference: [House Bill 22-1289](#)

5. Manage costs to protect member coverage, benefits, and provider reimbursement.

- Improve administration of behavioral health capitation payment
- Improve alignment between ACC and Alternative Payment Models
- Implement new Alternative Payment Models

Deep Dive: Member Experience and Health Equity

Increase the visibility and clarify roles of RAE and HCPF to members

- Increase member education and awareness of RAEs
- Require all RAEs to establish and regularly meet with Member Advisory Councils for ongoing trust building and engagement
- Create a seamless experience for members by promoting HCPF member call center as primary point of contact

Develop requirements for RAEs to address health equity within their regions.

- Implement a regional health equity plan
- Create an equity key personnel position
- Complete health equity trainings
- Create an equity taskforce

Explore opportunities to address members' health-related social needs

- Support connection to food-related assistance
 - Support member enrollment in SNAP and WIC
 - Explore other opportunities (e.g., medically tailored meals)
- Explore new federal (CMS) opportunities:
 - Expand permanent supportive housing services
 - Expanding continuous coverage for eligible children and adults
 - Pre-release services for incarcerated individuals
- Leverage social health information exchange tools

Reference: [House Bill 23-1300](#), [Senate Bill 23-174](#), [Senate Bill 22-196](#)

Discussion:

- What kind of support do you need from the RAEs to assist your members with social needs?
- What makes your current relationships with RAEs effective? What are the challenges?
- Given limited resources, how do we clearly define roles so that there is no duplication or role confusion?

Deep Dive: Care Coordination

Create a 3-tier care coordination model, aligned with the BHA, to improve quality, consistency, and measurability of interventions

Tier	Target Population	Care Coordinator	Activities
Level 3	<ul style="list-style-type: none"> Uncontrolled conditions Multiple diagnoses Multi-system involvement Difficult to place Private Duty Nursing Client Overutilization Program 	Clinical Care Coordinator	<ul style="list-style-type: none"> Care plan Specific assessments based on population type/need Monthly coordination with Member/treatment team Long-term monitoring and follow up
Level 2	Condition management (heart disease, diabetes, depression/anxiety, asthma/COPD, maternity)	Clinical Care Coordinator	<ul style="list-style-type: none"> Care plan/assessments TBD (possibly just pull from their provider) Quarterly coordination with member/treatment team Long term monitoring and follow up
Level 1	Anyone	Not clinical, no staffing ratio	<ul style="list-style-type: none"> Brief needs screening (Health Needs Survey) Support accessing services and benefits Determining need for higher level of care coordination Brief monitoring and follow up

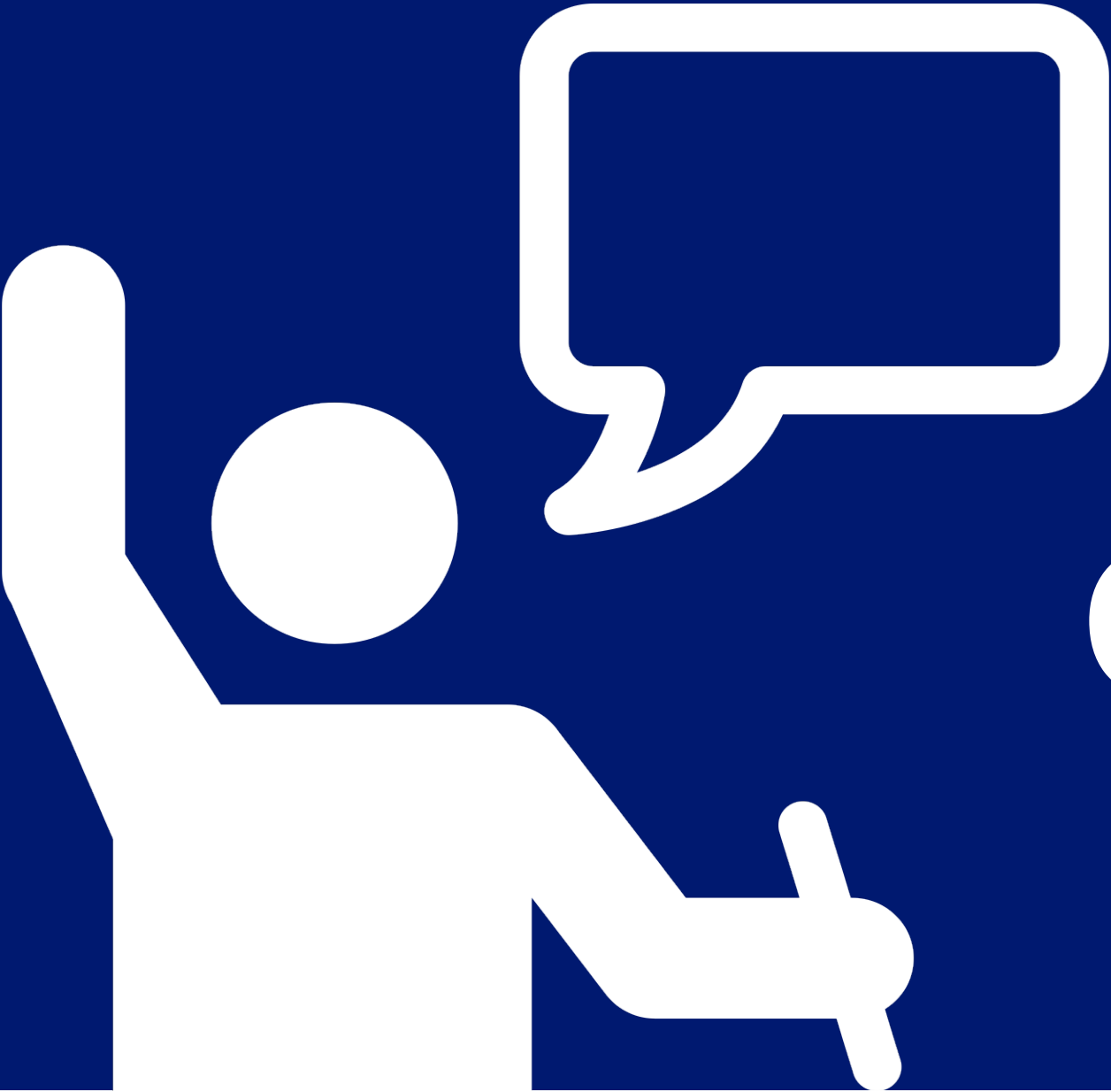
Increase equitable access to care coordination

- Require RAEs to develop a network of community-based organizations to reach and educate members

Reference: [Senate Bill 23-002](#)

Discussion:

- Does the proposed three-tier care coordination model align with the current state of care coordination in your community?
 - If not, what would need to happen in your community to move towards that model?
 - What are potential unintended consequences that should be considered?



Q&A



Next Steps



Provide additional feedback:

- [Full concept paper](#)
- [Online survey](#) – responses will be made publicly available (without names)
- [Open feedback form](#) will remain open

Upcoming Public Meetings

- **Behavioral Health Providers:** 9/14 from 5 to 6:30 p.m.
- **All providers welcome:** 9/26 from 8 to 9:30 a.m.
- **Health First Colorado Members:** 9/28 from 5 to 6:30 p.m.

Thank you!

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